

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549462

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	/		/				
4	3		/				
5	8		/				
6	8		/				
7	8		/				
8	8		/				
9	1		/				
10	1		/				
11	1		1				
12	1		1				
13	1		1				
14	1		1				
15	1		1				
16	1		1				
17	1		1				
18	1		1				
19	1		1				
20	2		1				
21	2		1				
22	1		1				
23	8		1				
24	8		1				
25			1				
26			1				
27			1				
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43			1				
44			1				
45			1				
46			1				
47			1				
48			1				
49			1				
50			1				
TOTAL IND.	2		2				
TOTAL DEP.	27	27	35	35			
TOTAL CLAIMS	29	29	32	32			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							